

## CONTINUING EDUCATION PROVIDER APPROVAL FORM

**Directions:** Please fill out this form to apply for approved provider status in Minnesota. Your completed form should be submitted to the Board of Pharmacy office in advance of the first scheduled date for your continuing pharmaceutical education activity.

**1. Name and address of organization or individual seeking approval:**

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**Phone Number:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**2. Name and address of individual responsible for continuing education program where this differs from #1:**

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**3. Administrative requirements:**

- a. Do you agree to maintain attendance records showing the name and address of each participant and the number of hours of their attendance for a period of at least three years? (circle one) **Yes No**
- b. Do you agree to maintain a description of each program you produce and make such description available to the Board for at least three years after completion of the program? (circle one) **Yes No**

**4. Sample of program announcements:** For those with a history of providing programs, please attach a sample of the program announcement or promotional piece, including methods of delivery, faculty qualifications, program outline, evaluation forms used, and attendance lists utilized for your four most recent continuing education programs.

**5. Educational content development:** Do you agree to conduct a needs assessment that involves your anticipated audience, prepare learning objectives and prepare an evaluation instrument? (circle one) **Yes No**

**6. Methods of delivery:** If home study courses are offered, which do not require personal attendance (e.g. cassette tapes, journal articles, web-based programs, etc.), do you agree to make provisions for the pharmacist to demonstrate completion of these courses? (circle one) **Yes No**

7. **Evaluation:**

- a. Describe the methods that will be employed for the participants to assess their achievement of the objectives stated in the program brochures or announcements:

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- b. Describe the methods that will be employed to provide feedback to the provider on the program and its presentation:

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8. **Administrative Changes:** Do you agree to keep the Board informed of any administrative changes affecting CE programming? (circle one) **Yes No**

9. **Program Description:** Do you agree to submit a completed Program Description Form in advance of the initial offering of each program? (circle one) **Yes No**

\_\_\_\_\_  
Name and title of person completing this form

\_\_\_\_\_  
Date

**Please return this completed form to:** Cody Wiberg, Executive Director  
Minnesota Board of Pharmacy  
2829 University Avenue SE, Suite 530  
Minneapolis, MN 55414-3251

**Phone Number:** (651) 201-2825  
**Fax Number:** (612) 617-2262